FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	April 30, 2008				
Estimated average burden					
hours per response.					

SEC USE ONLY

Prefix

Serial

1410479

UNIFORM LIMITED OFFERING EXEMP	TION DATE RECEIVED
Name of Officing 1 Leneck if this is an amendment and name has changed, and indicate change.) Private Placement of Trust Units of Sun Gro Horticulture Income Fund	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	06 ☐ Section 4(6) ☐ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Sun Gro Horticulture Income Fund	07080398
Address of Executive Offices (Number and Street, City, State, Zip Code) 52130 RR 65, P.O Box 189, Seba Beach, Alberta, Canada T0E 2B0	Telephone Nui
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Owning the securities of entities engaged in manufacture and distribution of soil products.	OCT 1 8 2007
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed E	other (please specify). Pritish Columbia Limited Purpose Trust
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA			
2. Enter the information re	quested for the folk	owing:				
Each promoter of the second control of	ne issuer, if the issu	er has been organized within	the past five years;			
 Each beneficial ow issuer; 	ner having the power	er to vote or dispose, or direc	t the vote or disposition of, 10	0% or more of a class	s of equity securities of the	
Each executive offi	cer and director of	corporate issuers and of corpo	orate general and managing p	artners of partnership	issuers; and	
 Each general and m 	nanaging partner of	partnership issuers.				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer		General and/or Managing Partner	
Full Name (Last name first,	if individual)	.				
Mitchell J. Weaver						
Business or Residence Addr clo Sun Gro Horticulture Inco		treet, City, State, Zip Code) 65, P.O Box 189, Seba Beach,	Alberta, Canada T0E 2B0			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·				
W. John Dawson						
Business or Residence Addr c/o Sun Gro Horticulture Inco		treet, City, State, Zip Code) 65, P.O Box 189, Seba Beach,	, Alberta, Canada T0E 2B0			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
T. Richard Turner						
Business or Residence Adda clo Sun Gro Horticulture Inco		treet, City, State, Zip Code) 65, P.O Box 189, Seba Beach,	, Alberta, Canada T0E 2B0			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)		•			
John T. Goldsmith			<u> </u>			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sun Gro Horticulture Income Fund, 52130 RR 65, P.O Box 189, Seba Beach, Alberta, Canada T0E 2B0						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
IKO Enterprises Ltd.						
Business or Residence Address (Number and Street, City, State, Zip Code) 602 - One Yorkdale Road, Toronto, Ontario, Canada M6A 3A1						
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)						

B. INFORMATION ABOUT OFFERING					
			No ⊠		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?			\boxtimes		
What is the minimum investment that will be accepted from any individual?			000,000.00		
_		Yes	No		
3.	Does the offering permit joint ownership of a single unit?	\boxtimes			
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
Ful N/A	Name (Last name first, if individual)				
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		<u> </u>		
Nar	ne of Associated Broker or Dealer				
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
	(Check "All States" or check individual States)		All States		
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [;] [MO] PA]		
Ful	Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)					
Nar	ne of Associated Broker or Dealer				
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
	(Check "All States" or check individual States)		All States		
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [] [ID] MO] PA] PR]		
Full Name (Last name first, if individual)					
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)				
Nar	ne of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)		All States		
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [] [ID] MO] PA] PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt..... Equity..... ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests..... \$ 2,000,000.00 \$ 2,000,000.00 Other (Specify Trust Units) Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of Aggregate their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Dollar Amount Investors of Purchases Accredited Investors \$ 2,000,000.00 0 Non-accredited Investors \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Ouestion 1. Dollar Amount Type of Security Sold Type of offering Rule 505..... Regulation A Rule 504..... Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs.... Legal Fees \$ 0 Accounting Fees. Engineering Fees. Sales Commissions (specify finders' fees separately)..... 0 _____ 0 Other Expenses (identify) 0 Total \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSE	S A	ND U	SE OF PROC	EEDS		
4.	b. Enter the difference between the aggregate offer Question 1 and total expenses furnished in response t the "adjusted gross proceeds to the issuer."	o Part C - Question 4.a. This differen	ice is				\$	2,000,000,00
5.	Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount f estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in r	or any purpose is not known, furnish The total of the payments listed mus	an tequ	ıal				
	and adjusted gross proceeds to the issuet set form in i	esponse to run o Question no uso			Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees		. 🗆	\$	0		\$_	<u>o</u> _
	Purchase of real estate			\$	0		S _	0
	Purchase, rental or leasing and installation of ma	achinery and equipment		\$	0		\$_	0
	Construction or leasing of plant buildings and fa	cilities		\$	0		\$_	0
	Acquisition of other businesses (including the value offering that may be used in exchange for the as pursuant to a merger)	sets or securities of another issuer		s	. 0		\$	2,000,000.00
	Repayment of indebtedness						\$	0
	Working capital						s _	
	Other (specify):		. 🏻	s	0		s _	0
				\$			\$	
	Column Totals						\$	
Total Payments Listed (column totals added)				\$2,00	<u>0,000</u>			
D. FEDERAL SIGNATURE								
sign	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur primation furnished by the issuer to any non-accredited	nish to the U.S. Securities and Excl	ange	Con	nmission, upon			
Issuer (Print or Type) Sun Gro Horticulture Income Fund		Signature Aur	u	<u> </u>		Date OCT	L,	9,2007
	Name of Signer (Print or Type) Sun Gro Horticulture Canada, Ltd., its Administrator Title of Signer (Print or Type) By: Bradley A. Wiens, its Vice President, Finance							

 $\mathbb{E}\mathcal{N}\mathcal{D}$

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)